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Bib Data Sheet

CONFIRMATION NO. 3191

SERIAL NUMBER 10/751,405	FILING DATE 01/06/2004  RULE	CLASS 600	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. BIG-101
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*AS*  
 \*\* CONTINUING DATA \*\*\*\*\*

*AS*  
 \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*AS*  
 IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 04/08/2004

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 5	TOTAL CLAIMS 32	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>Alyssa Abten</i> Initials				

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## TITLE

Devices and methods for blood flow assistance

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